

Application For Insurance Premium Finance Company License

When complete, return to: Office of Financial & Insurance Services
Insurance Division
P.O. Box 30220
Lansing, MI 48909-7720

1. Applicant's Name: _____

2. Assumed Name or d.b.a., if applicable:

*Provide a copy of filing made with the Michigan Department of Consumer & Industry Services,
Bureau of Commercial Services, Corporation Division.
If a sole proprietor or partnership, provide a copy of filing made with the County Clerk.*

3. Applicant's Tax ID Number: _ _ _ _ _

4. List names and addresses of all branch offices in or servicing Michigan:

5. List address where all relevant books, records, accounts and documents will be located:

6. Describe any other business conducted at the principal location or branch offices:

7. Identify states applicant is licensed in, or applying, for a license as a premium finance company:
(If additional space is needed, please state "see attached" below and include a separate listing.)

8. Type of Company:

☐ Sole Proprietor

☐ Partnership

☐ Corporation

Partnerships must attach a copy of partnership agreement now in effect.

9. Is applicant directly/indirectly controlled, owned (wholly or in part), managed or otherwise affiliated with any insurer, person, firm or corporation having control of an insurer?

☐ Yes

☐ No

If YES, describe relationship. Include insurer names.

ONLY COMPLETE THIS SECTION IF APPLICANT IS A CORPORATION:

10. Corporate name and principal address of the corporation:

State of Incorporation:

Date of Incorporation:

Date Admitted to Michigan:

(for non-Michigan corporations only)

Michigan corporations must attach a copy of filing made with the Michigan Department of Consumer & Industry Services, Bureau of Commercial Services, Corporation Division.

Non-Michigan (foreign) corporations must attach a copy of filing made with the Department of Consumer & Industry Services, Bureau of Commercial Services, Corporation Division, to transact business in Michigan.

11. Briefly describe experience, training and education that will enable applicant to perform as a premium finance company and comply with P.A. 352 of 1968 (include dates).

CERTIFICATION:

I certify, as owner, partner or officer (authorized representative) of the applicant premium finance company, that the information provided in this application is complete and accurate to the best of my knowledge.

Signature of Authorized Representative

Date Signed

Print Name and Title of Authorized Representative

Section 1503(3) states in part: "Each applicant shall file sworn answers, subject to the penalties of perjury, to such interrogatories as the commissioner may require."

PA 352 of 1968 requires submission of this form. Failure to complete and submit this form could result in denial of your application for licensure.

This form is available from our website at: <http://cis.state.mi.us/ofis>

Our toll free telephone number is: 1-877-999-6442